

2006

REQUEST FOR AMENDMENT

FOR CURRENT SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDERS



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Commissioner of Education
Kentucky Department of Education
www.education.ky.gov

Requests will be reviewed on a quarterly basis

2006 Submission Deadlines

April 17, 2006

June 15, 2006

September 15, 2006

December 15, 2006

Amendment requests are due by 4:00 pm on the deadline date. Late submissions will not be accepted. Requests will need to be resubmitted for next available review date



2006 Kentucky SES Amendment Form

APPLICATION FOR AMENDMENT TO SUPPLEMENTAL EDUCATIONAL SERVICES

Introduction

Under Title I, Part A, of the *No Child Left Behind Act* (ESEA), low-income students (those qualifying for Free or Reduced Lunch) attending schools that are in Tier 2 (have not made Adequate yearly Progress (AYP) for three years) or higher may receive supplemental education services from approved educational providers. States are responsible for identifying eligible Supplemental Service Providers. Parents choose the provider for their children from among those approved by the State for their school district. The status of all Kentucky schools can be found at [2005 NCLB Media Reports](#).

Supplemental educational services focus on increasing student achievement and include relevant tutoring, targeted remediation, and academic intervention based upon individual learning plans. Subjects may include, but are not limited to, English/language arts, math, and/or reading, with educational services provided before school, after school, or in the summer. Often, short-term tutoring services can have major potential long-term effects on personal self-esteem, motivation, study habits, and knowledge of a subject.

Submitting an Amendment to a Previously Approved SES Provider Application

In order for a provider to submit a amendment, the Provider must have completed the application contained in this packet, receive the required minimum score as rated by a team of qualified reviewers, and be established as an approved provider in the state of Kentucky. Applicants who do not meet these requirements should submit an Application for Supplemental Educational Services.

This amendment application is divided into three parts. **Part I, Basic Program** requests verification of information from each applicant (e.g., program name, costs, provider contact information, etc.); **Part II, Amendment Request** outlines the requested changes to the present application. Only the following items may be amended:

- Addition or removal of service locations;
- Changes in fee structure (increase/decrease fees, etc.)
- Removal (only) of subject area concentration
- Changes in grade levels served within the realm of the original application (i.e. no additions that will require programmatic changes)

Any other changes to the application are considered Programmatic Changes and require the submission of a new application for review by a team of qualified reviewers.

Reminder: If a new application is submitted, it becomes the application of record and all decisions based on said application affect the status of the applicant (i.e. if the new application is rejected, the applicant will lose approval status in the state of Kentucky until an application is submitted during the next annual application window and approved).

Responsibilities of an Approved Supplemental Services Provider

To remain on the approved list of supplemental educational service providers, applicants must have met the indicators of quality as stated in the rubric (see Appendix A). They must also:

- Set specific achievement goals for the student, which must be developed in consultation with the student's parents and are based upon an approved assessment process;
- Provide a description of how the student's progress will be measured and how the student's parents and teachers will be regularly informed of that progress;
- Establish a timetable for improving the student's achievement;
- Agree to terminate services if student progress goals are not met;
- Agree not to disclose to the public the identity of any student eligible for or receiving supplemental educational services without the written permission of the student's parents; and
- Agree that services will be provided consistent with applicable civil rights laws.
- Annually sign an Assurances Form indicating agreement with requirements of the state of Kentucky.

Monitoring and Provider Accountability

Once approved, a provider must be able to demonstrate the capacity for meeting the stated requirements as listed in the assurances and in accordance with the contract with the district and can be removed for cause. Examples of reasons why a provider could be removed from the list within the first two years are not limited to:

- Failure to deliver the SES model that was described in the approved application; or
- Failure to perform criminal background checks of all employees who will have contact with students, which is a State law.

Reminder: Homework help does not qualify as Supplemental Educational Services (SES) in Kentucky. In addition, approved applicants must maintain a process for the delivery of the instructional program; "stand-alone" curriculum or computer software programs by themselves do not qualify for the list of providers.

It is important to further note that all Supplemental Educational Service Providers must submit to the Kentucky Department of Education and the schools of all students served, an annual report that summarizes the progress of all students provided with supplemental services. In addition, providers in Kentucky will be required to use the Department of Education's established monitoring system for collecting information on individual students.

The amendment packet follows. It is important to respond to each section completely and only attach specific information referenced in the text of your responses.

INCOMPLETE AMENDMENT REQUESTS WILL NOT BE REVIEWED

AMENDMENT REQUESTS FOR SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDERS

Instructions. Please review and follow all directions when completing this amendment application. Keeping within page limits is recommended. If you have any questions, you may check the Department of Education's web site at <http://www.education.ky.gov/> and go to the web page for Supplemental Services. You may also mail your questions to the Kentucky Department of Education, Supplemental Educational Service, ATTN: Claude W. Christian, 8th Floor CPT, 500 Mero St., Frankfort, Kentucky 40601. Fax: (502) 564-8149.

- Use 12-point font size and double space.
- Amendment Applications (an original, 1 copy, and a CD or Floppy disk with electronic copy) must be received no later than 4:00 p.m. (EST) on the established quarterly deadlines.
- Amendment Applications should be mailed or delivered to: Claude W. Christian, 8th floor CPT, 500 Mero St., Frankfort, Kentucky 40601.
- Only supplemental material specifically to answer questions in the application will be considered.

I. BASIC PROGRAM INFORMATION

Review Date (check one)	
April 17, 2006 ____	September 15, 2006 ____
June 15, 2006 ____	December 15, 2006 ____

SECTION 1: PROVIDER IDENTIFICATION

1. Program Name:			
2. Federal EIN, Tax ID Number, or Social Security Number:		3. Date Provider Formed: <i>List the date (month, year) you first delivered supplemental educational services to students.</i>	
4. Type of Provider <i>(check one):</i>	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> For-profit company <input type="checkbox"/> Public School (non-charter) <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Local Education Agency (LEA) </div> <div style="width: 48%;"> <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Private School <input type="checkbox"/> Faith-Based Organization <input type="checkbox"/> Other: _____ </div> </div>		
5. Provider Contact Information	Local Contact Person's Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Email: _____ Web Site: _____		

SECTION 2: PROVIDER GEOGRAPHIC SERVICE AREA INFORMATION

6. Service Area <i>List the district(s) and/or school(s) in which you are able to provide services.</i>	District(s): and/or School(s):		
7. Geographic Setting <i>Check the setting(s) in which you have provided services to students in the past.</i>	<input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Suburban <input type="checkbox"/> Local Community* *Applicant has provided services in community where program is being proposed.		
8. Place of Service <i>Provide addresses and letters permitting use of facilities for ALL location(s) where you plan to deliver SES services to students.</i> <i>Letter not necessary if providing services in students' homes or at own location.</i> <i>Use additional sheet if necessary</i>	Site Location #1	Site Location #2	Site Location #3
9. Transportation <i>Provide information about accessibility to public transportation from your site.</i> <i>Indicate if you are willing to provide services to eligible students at the school site, if applicable.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION 3: PROVIDER ACADEMIC/INSTRUCTIONAL PROGRAM INFORMATION

10. Subject Areas Covered <i>List all subject areas you address in working with students.</i>		11. Number of Students Currently Served <i>Please provide the number of students you currently serve and where you serve them.</i>	
12. Grade Levels Currently Served <i>List the grade levels of your students for each subject listed</i>		13. Grade Level Able to Serve in 2006-07 <i>List the grade levels you are able to serve in the coming calendar year.</i>	

14. Maximum Number of Students Able to Serve in 2006-07 <i>Provide an estimate of the maximum number of students in this state that you will be able to serve</i>			
15. Specific Student Populations Served <i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box and state where you served them.</i> Where served: _____ _____	<input type="checkbox"/> Low-income students (Approximate number served: _____) <input type="checkbox"/> Minority students (Approximate number served: _____) <input type="checkbox"/> Migrant students (Approximate number served: _____) <input type="checkbox"/> Limited English proficient students (Approximate number served: _____) *Indicate particular language(s) with which you have expertise. _____ <input type="checkbox"/> Special education students (Approximate number served: _____) Other: (describe) _____		
16. Time of Service <i>Check the time(s) that best describe when you deliver services to students.</i>	<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Weekends <input type="checkbox"/> Summer <input type="checkbox"/> Other: _____	17. Student/Instructor Ratio <i>List the ratio of instructors to children for each proposed tutoring session</i>	_____ students for every 1 instructor
18. Mode of Instructional Delivery	<i>Describe the methods in which your program delivers instruction to students.</i> <input type="checkbox"/> Individual Tutoring <input type="checkbox"/> Small Group Instruction <input type="checkbox"/> Large Group Instruction <input type="checkbox"/> Online/Web-based <input type="checkbox"/> Other: _____		
19. Schedule of Services	<i>Describe how you schedule services for your students (e.g., 2.5 hour per week, twice a week; 1 time per week, etc.).</i>		
20. Current Staffing	<i>Describe the number of qualified instructional staff employed at present time. (check all that apply)</i> <input type="checkbox"/> Hired from local teacher staff only <input type="checkbox"/> Hired from local paraprofessional staff only <input type="checkbox"/> College graduates <input type="checkbox"/> High school graduates <input type="checkbox"/> Receive training from provider <input type="checkbox"/> Off-site staff only		

21. Instructional Curriculum	<i>Name/Describe the curriculum that will be used in all subject areas that will be covered.</i>
22. Diagnostic Assessment	Name the instrument that will be used to diagnose skill levels for each individual student.

SECTION 4: PROVIDER FEES

Cost/Fee Structure	<p><i>Check and complete the cost/fee structure that you use. These fees will be assumed to be on a per student basis unless indicated otherwise.</i></p> <p><input type="checkbox"/> \$_____ per _____ (unit of time, e.g., hour, week, etc) per student</p> <p><input type="checkbox"/> \$_____ (flat fee) for _____ (unit of time, e.g., month, semester, year) per student</p> <p><input type="checkbox"/> Other: _____</p>
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I. AMENDMENT REQUEST (REQUIRED)**PROGRAM OVERVIEW (LIMIT 5 PAGES)**

- ❖ Please summarize your request in a narrative form that can be used to describe the changes you are requesting.
- ❖ Your response should address any change(s) that may affect student achievement, parent notification, and/or existing contracts with LEAs.

Reminder: Any amendment approved by the Kentucky Department of Education that may result in potential changes to individual provider/district contracts is subject to individual district/school board approval. This includes but is not limited to change in pricing structure, and access to school facilities.

2006 2007 Academic Year

Assurances for Supplemental Educational Service Providers in Kentucky

As the authorized representative of the applicant provider organization, I assure that:

- The entity/program provider serving as the legal applicant will be accountable for tracking and documenting enrollment, attendance, and supplemental services provided to public school students enrolled in the applicant's program.
- The applicant herein will be responsible for payment of all payroll taxes and fees resulting from payment from LEAs for services.
- The applicant acknowledges that if their services are **not utilized in the state within a two-year period, they will need to reapply.**
- The applicant ensures that the program/service design submitted herein, along with the information included in the section showing the evidence of effectiveness and the supporting research, is the program to be offered to students at the costs identified in this application. If the program presented for instruction to students is not the same as submitted herein, the Department of Education reserves the right to remove the applicant from the approved list of providers.
- The applicant will serve all qualified children whose parents request services from this organization equitably, without restriction. Parents of children receiving services and the school will receive information on their academic progress in reading and/or math in an understandable format and language.
- The applicant organization will not disclose to the public the identity of any student eligible for or receiving supplemental educational services without the written permission of the parent.
- The applicant will ensure that the supplemental educational services are provided outside of the regular school day.
- The applicant will, after signing a contract with the LEA, **begin tutoring services within four (4) weeks** of a student being assigned by the LEA.
- The applicant ensures that in accordance with federal regulations, the provider will cooperate with the LEA and SEA in monitoring the quality and effectiveness of the services offered by the approved provider.
- The applicant will submit to the parents of all students served a **monthly report** that summarizes the progress of students provided with supplemental educational services.
- The applicant will submit to all districts served a **state designed quarterly report** that summarizes interactions with students provided with supplemental educational services.
- The applicant will submit at the conclusion of the school year a written final report that summarizes the progress of all students provided with supplemental services to the Kentucky Department of Education, and to all districts served.
- The applicant, in accordance with Federal law, will not discriminate on the basis of race, color, national origin, sex, age, religion or disability in accepting students and providing students with supplemental educational services under Title I. (In general, a provider may not, on the basis of disability, exclude a qualified student with disabilities or a student covered under Section 504 if a student can, with minor adjustments, be provided supplemental educational services designed to meet the individual educational needs of the student.)

2006 - 2007 Kentucky Supplemental Educational Services Assurances

- The applicant will ensure that instruction provided and materials used by the applicant are consistent with the instruction provided and content used by the local and state educational agencies and furthermore, are aligned with state student academic achievement standards.
- The applicant will provide services consistent with the qualified student's individualized education program under Section 614 of IDEA if the student is covered under IDEA or Section 504 of the Rehabilitation Act of 1973.
- The applicant certifies that the instruction and content offered is secular, neutral, and non-ideological.
- The applicant further ensures that it will provide written notification to the Kentucky Department of Education within seven (7) calendar days if the supplemental educational services can/will no longer be provided or available from the applicant provider.
- The requirements of all applicable federal, state, and local health, safety, employment and civil rights laws are met.
- Applicants with multiple sites will agree to only provide services at individual sites that independently meet all required criteria and conform to the information and costs cited in this application.
- Applicants with multiple sites will agree to only provide services at individual sites for which they have secured and submitted letters granting permission for the use of identified facilities.
- Applicants agree to notify and receive permission from the KDE prior to adding or removing service locations as submitted in this application.
- Applicants with multiple business / organizational names will agree to only provide services under one name in individual schools or districts to allow for clear choices for parents.
- Pursuant to KRS 161.148, evidence will be provided to the District (LEA) that individuals providing service to children have successfully completed a criminal background check.

I am authorized to sign and submit this application on behalf of the submitting supplemental educational services organization.

Signature of Applicant

Date

Title

Name of Applicant Organization (TYPE or PRINT CLEARLY)